

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
DIVISION

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OCT 16 2015
U.S. DISTRICT COURT
MID. DIST. TENN.

Carlton Patrick Blanton
(Name)
9832
(Prison Id. No.)

(Name)

(Prison Id. No.)

Plaintiff(s)

v.

Marshall County Sheriff
(Name)
Marshall County Jail
(Name)

Defendant(s)

(List the names of all the plaintiffs filing
this lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

1-15 0096

Civil Action No. _____
(To be assigned by the Clerk's Office.
Do not write in this space.)

JURY TRIAL REQUESTED ☒ YES ☐ NO

(List the names of all defendants
against whom you are filing this
lawsuit. Do you use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED
PURSUANT TO 42 U.S.C. § 1983

I. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: Carlton Patrick Blanton
Prison I.D. No. of the first plaintiff: 9832
Address of the first plaintiff: 150 E. Church St
Lewisburg, TN 37091

Status of Plaintiff: CONVICTED (☒) PRETRIAL DETAINEE (☐)

2. Name of the second plaintiff: N/A
Prison I.D. No. of the second plaintiff: _____
Address of the second plaintiff: _____

Status of Plaintiff: CONVICTED (☐) PRETRIAL DETAINEE (☐)

(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: MARSHALL County Sheriff
 Place of employment of the first defendant: MARSHALL County Sheriff Department
 First defendant's address: 209 1st AVE North Lewisburg
TN, 37091

Named in official capacity? ☒ Yes ☐ No
 Named in individual capacity? ☐ Yes ☐ No

2. Name of the second defendant: MARSHALL County Jail
 Place of employment of the second defendant: 150 E. Church St
Lewisburg TN 37091
 Second defendant's address: _____

Named in official capacity? ☒ Yes ☐ No
 Named in individual capacity? ☐ Yes ☐ No

(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)

II. JURISDICTION

- A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners).
 Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

III. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuit(s) in the United States District Court for the Middle District of Tennessee, or in any other federal or state court? Yes X No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs N/A

Defendants N/A

2. In what court did you file the previous lawsuit? N/A

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? N/A

4. What was the Judge's name to whom the case was assigned? N/A

5. What type of case was it (for example, habeas corpus or civil rights action)?

 N/A

6. When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.) N/A

7. What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending? N/A

8. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.) N/A

9. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit? Yes No N/A

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

IV. EXHAUSTION

A. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

B. If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain. _____

N/A

C. Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?

☐ Yes ☒ No

(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)

D. Have you presented these facts to the prison authorities through the state grievance procedure? ☐ Yes ☐ No

N/A

E. If you checked the box marked "Yes" in question III.D above:

1. What steps did you take? _____

2. What was the response of prison authorities? _____

F. If you checked the box marked "No" in question IV.D above, explain why not. _____

G. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)? ☒ Yes ☐ No

H. If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility? ☐ Yes ☒ No

I. If you checked the box marked "Yes" in question III.H above:

1. What steps did you take? _____

2. What was the response of the authorities who run the detention facility? _____

N/A

J. If you checked the box marked "No" in question IV.H above, explain why not. I WAS UNDER MEDICAL OBSERVATION (SUICIDE WATCH). AFTER MY NAME WAS IDENTIFIED APPROPRIATE MEDICAL CARE WAS NOT PROVIDED.

V. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

I WAS NOT PROVIDED SAME CARE OR PROVIDED NEEDED MEDICAL CARE

VI. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 inch x 11 inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

While incarcerated at Marshall County Jail I WAS REVIEWED BY THE CRISIS CENTER PERSONNEL. I WAS THEN DIRECTED TO MARSHALL COUNTY MEDICAL DUE TO DEPRESSION AND SUICIDAL THOUGHTS. I WAS THEN SENT TO MIDDLE TENNESSEE MENTAL HEALTH CENTER WHERE I WAS DIAGNOSED TO BE BI-POLAR AND PRESCRIBED WELLBUTRIN, LITHIUM AND BUSPAR MEDICATION. I WAS THEN RETURNED TO MARSHALL COUNTY MEDICAL CENTER FOR FURTHER EVALUATION FOR CONTINUED TREATMENT AT MIDDLE TENNESSEE MENTAL HEALTH CENTER. FURTHER TREATMENT WAS DENIED AND I WAS RETURNED TO MARSHALL COUNTY JAIL TO BE PLACED IN MEDICAL OBSERVATION / SUICIDE WATCH. WHILE IN ISOLATION / SUICIDE WATCH IN AN "ALLEGED STERILE CELL" I FOUND A SHARP PIECE OF HARD PLASTIC AND ATTEMPTED TO CUT MY WRIST. AFTER BEING FOUND BY CORRECTION OFFICERS I WAS TAKEN TO THE NURSE WHEN I WAS RESTRAINED IN A CHAIN WITHOUT BEING PROVIDED ANY MEDICAL CARE FOR THE WOUND. I WAS THEN PLACED IN SOLITARY CONFINEMENT FOR OVER 45 DAYS BEING UNABLE TO SEEK FURTHER CARE. DURING THIS PERIOD I WAS NOT PROVIDED MY MEDICINE AS PRESCRIBED.

VII. **RELIEF REQUESTED:** State exactly what you want the Court to order each defendant to do for you.

I am seeking financial relief do to the physical harm and
mental anguish to my person. This harm to my person is due to the
administrative negligence, dereliction of responsibility of care, medical
malpractice and cruel and unusual punishment. The acts of the
accused have caused me permanent physical and mental harm.

I request a jury trial. ☒ Yes ☐ No

VIII. **CERTIFICATION**

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Carla A. Abel Date: 9-14-15

Prison Id. No. 9832

Address (Include the city, state and zip code.): 150 E. Church St
Louisburg, TN 37091

Signature: N/A Date: _____

Prison Id. No. N/A

Address (Include the city, state and zip code.): _____

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information requested above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER. Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.

Carlton Patrick Blanton
150 E. Church St
Lewisburg, TN 37091

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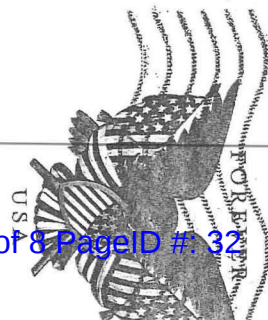
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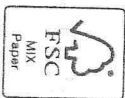
U.S. DISTRICT COURT
MID. DIST. TENN.

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NASHVILLE TN 370
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Clerk, U.S. District Court
U.S. Courthouse, Room 800
Nashville, TN 37203





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